

EXHIBIT A
TO DEFENDANT’S MOTION FOR
SUMMARY JUDGMENT

OHIO CIVIL RIGHTS COMMISSION
CHARGE OF DISCRIMINATION (EMPLOYMENT)

ALH

OCRC Case Number: CLE B4 (44821) 08222018

EEOC Case Number:

Your Name

Frank Dundee

Your Street Address

7707 Amberwood Trail

City, State and Zip

Boardman, Ohio 44512

Telephone Number

3303988274

Alternate Number (Optional)

3307262662

Email Address (Optional)

fdundee@gmail.com

Company Name

University Hospitals Geauga Medical

Company Street Address

13207 Ravenna Rd

City, State and Zip

Chardon, Ohio 44024

County (if located in Ohio)

Gauga

Telephone Number

4402856000

of Employees

28.000

Date of Hire

5/1/2010

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Dates of Discrimination (MM/DD/YYYY): 3/21/2018 thru 8/21/2018

I was discriminated on the basis of:

Race/Color

Sex

☒ Disability (DO NOT LIST DISABILITY)

Age (over 40 years old only)

Religion

National Origin/Ancestry

Military Status

Retaliation (for protesting discrimination)

Please identify how you are a member of the category you marked on the left: (If you marked AGE, please list your BIRTH DATE. If you have marked DISABILITY, DO NOT IDENTIFY your disability.)
I have a disability

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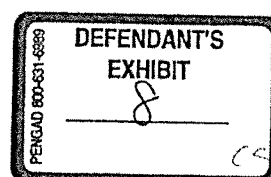
Please read and review the following:

I have not commenced with any action under sections 4112.14 or 4112.02(N) of the Ohio Revised Code with respect to the subject matter of the affidavit. I understand that upon filing of this charge with the Ohio Civil Rights Commission, I am barred from instituting any such civil action and that any monetary award or financial benefit I may receive may be limited to back pay and/or restoration of employment fringe benefits and may not include other damages to which I may be entitled as a result of such civil action.

I am filing a charge alleging AGE DISCRIMINATION and I have read and understand the above information.

☐ I am NOT filing a charge alleging AGE DISCRIMINATION and this does not apply to me.

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UH-Dundee 0276

Charging Party: Frank Dundee

ALH

Case Number: CLE B4 (44821) 08222018

Act of Discrimination #1

Date of Discrimination (MM/DD/YYYY): 08/21/2018

I was subjected to (mark only one issue):

- ☐ a denial of promotion
- ☐ a forced resignation
- ☐ demotion
- ☐ denial of hire
- ☒ denial of a reasonable accommodation
- ☐ different terms and conditions of employment
- ☐ discharge/termination
- ☐ discipline
- ☐ harassment/sexual harassment
- ☐ layoff
- ☐ other

I believe it was because of my:

- ☐ Race/Color
- ☐ Sex
- ☒ Disability
- ☐ Age
- ☐ Religion
- ☐ National Origin/Ancestry
- ☐ Military Status
- ☐ Protected activity (retaliation)

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If you have marked "other", please briefly describe the discriminatory act:

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The reason given by the company for this action is:

The company, University Hospitals, refused to informally discuss my request(s) for a reasonable accommodation, even though my disability is obvious, forcing me to comply with their internal policy which violates Title I of the ADA rules on reasonable accommodation.

I was given this reason by (name and position):

Debbi Templin, CPDM, ARM Director, Disability & Occupational Risk Control Services, Heather Harmon, JD, PHR, SHRM-CP, Vice President, Human Resources & Organizational Development
University Hospitals

I am aware of others treated more favorably than me including:

Lisa Farah

I believe that this was discrimination because:

I am perceived as a troublesome employee, in spite of the fact that my job performance is exemplary, both objectively and subjectively, when compared across all University Hospitals facilities. I believe this discrimination is retaliation for speaking truth to power; for making a complaint to OSHA and complaints to the EEOC, over a period of years. Because of this, my request for reasonable accommodation was rejected without discussion, through an internal University Hospitals policy.

Charging Party: Frank Dundee

ALH

Case Number: CLE B4 (44821) 08222018

Act of Discrimination #2 (Optional)

Date of Discrimination (MM/DD/YYYY):

I was subjected to (mark only one issue):

a denial of promotion
a forced resignation
demotion
denial of hire
denial of a reasonable accommodation
different terms and conditions of employment
discharge/termination
discipline
harassment/sexual harassment
layoff
other

I believe it was because of my:

Race/Color
Sex
Disability
Age
Religion
National Origin/Ancestry
Military Status
Protected activity (retaliation)

If you have marked "other", please briefly describe the discriminatory act:

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The reason given by the company for this action is:

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I was given this reason by (name and position):

I am aware of others treated more favorably than me including:

I believe that this was discrimination because:

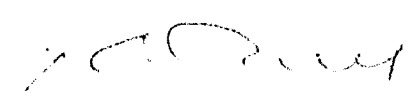
Charging Party: Frank Dundee

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Case Number: CLE B4 (44821) 08222018

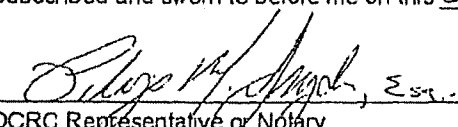
Please check to indicate you have read and agreed to the statements below.

- ✓ I understand that I will not be able to sign this form on-line. A copy will be mailed out to me for a notarized signature. An investigation will not begin until the Ohio Civil Rights Commission receives a signed and notarized charge from me.
- ✓ I declare under penalty of perjury that I have read the above charge and that it is true to the best of my knowledge, information and belief. I will advise the agency/agencies if I change my address or telephone number and that I will cooperate fully in the processing of my charge in accordance to their procedures.


Charging Party

9.2.2018
Date

Subscribed and sworn to before me on this 2nd day of September of 20 18


OCRC Representative or Notary

Philip M. Snyder, Esq.
Attorney At Law, OH 0021672
Notary Public, State of Ohio
My Commission has no
expiration date §147.23 R.C.

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